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CONFIRMATION NO. 2766

<b>SERIAL NUMBER</b> 10/781,378	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> P8222.10
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## APPLICANTS

Eric Boone, Comstock Park, MI;  
 Jack Goodman, Ann Arbor, MI;  
 John D. Hall, Mayfield Hts, OH;  
 Vincent J. Testa, Mars, PA;  
 Eric Vroegop, Holland, MI;  
 William G. O'Neill, Maple Grove, MN;  
 Cornelius Borst, Bilthoven, NETHERLANDS;  
 Hendricus J. Mansvelt-Beck, Bilthoven, NETHERLANDS;  
 Paul F. Grundeman, Amsterdam, NETHERLANDS;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/099,177 03/13/2002 PAT 6,740,028 which is a CON of 09/396,047  
 09/15/1999 PAT 6,464,629  
 which claims benefit of 60/100,443 09/15/1998 *BB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*am BB*  
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 24	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>BB</i> Examiner's Signature	<i>BB</i> Initials			

## ADDRESS

27581

## TITLE

Method and apparatus for temporarily immobilizing a local area of tissue

<b>FILING FEE RECEIVED</b> 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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